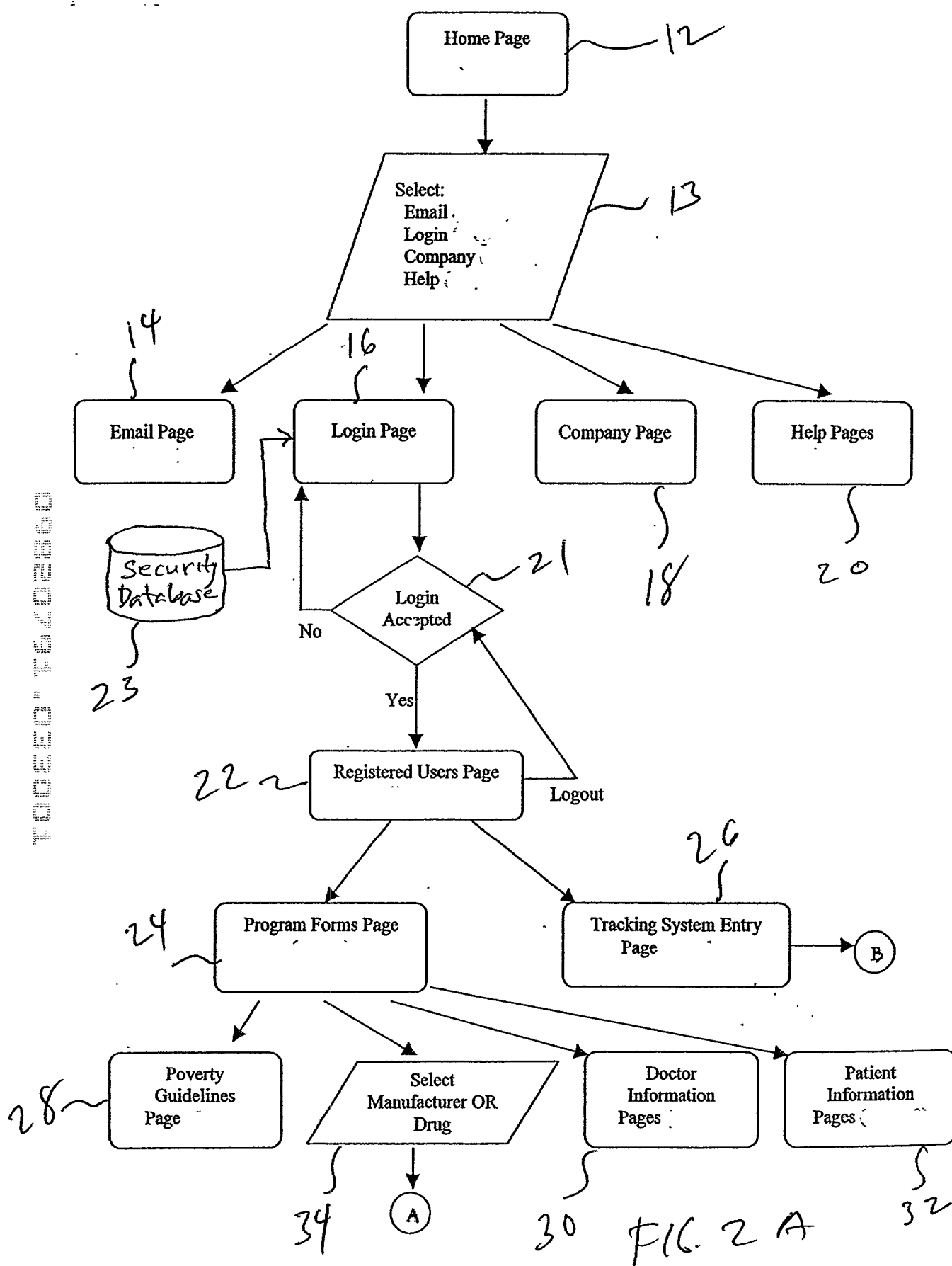


FIG. 1



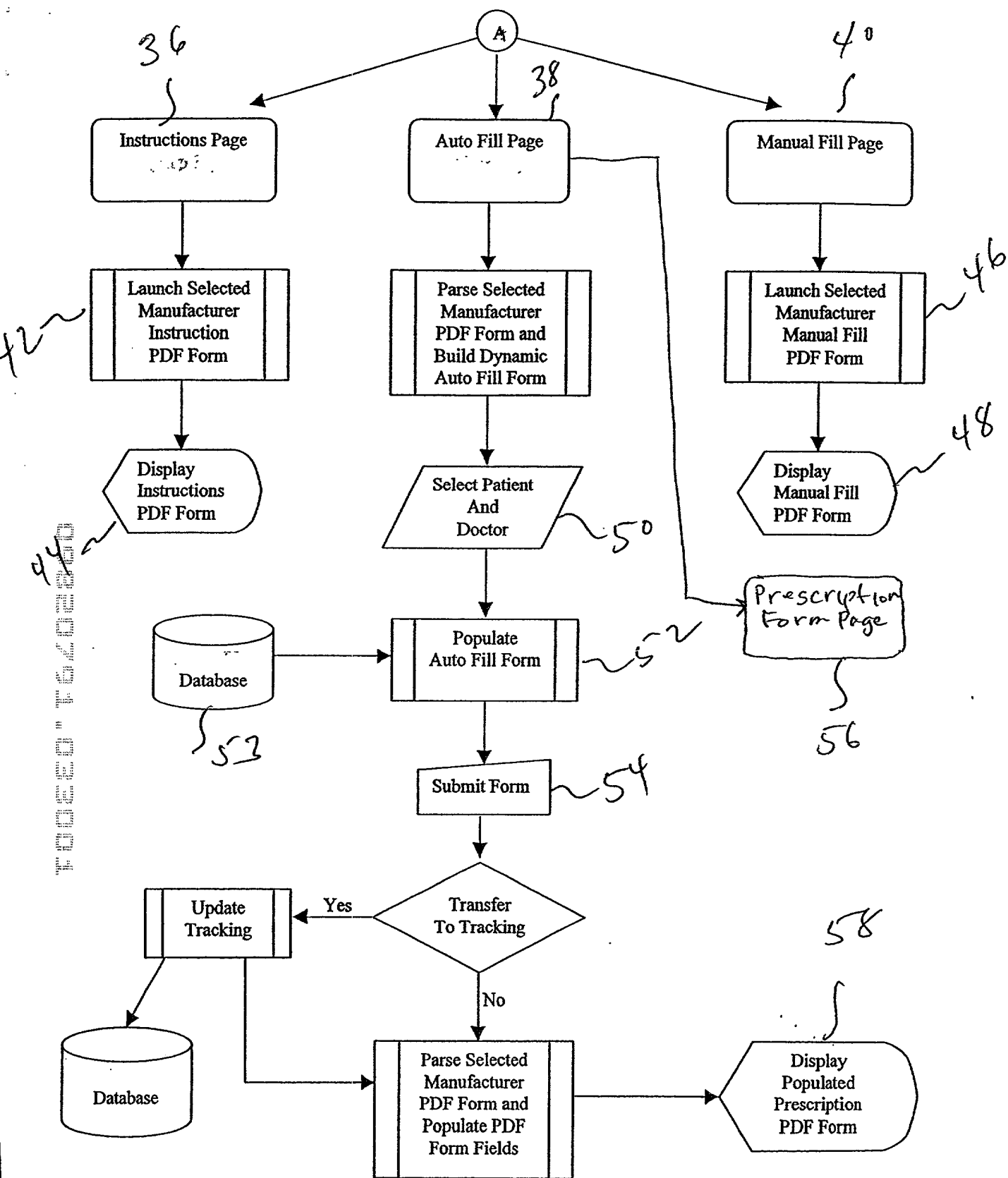


FIG. 2B

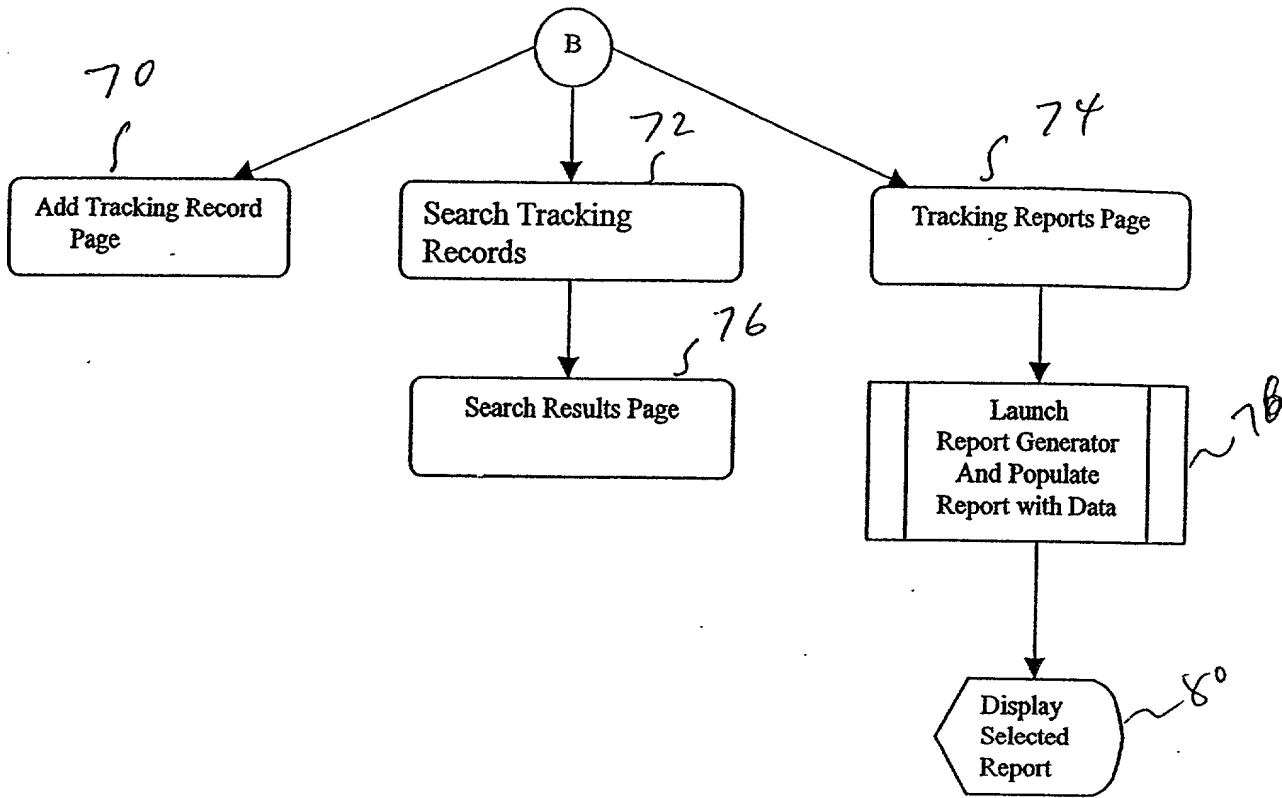


FIG. 2C

01-10-2007 10:00:00 AM

[illegible]

1990

**E-Mail:**

usamama@youdomain.com

**Password:**

\_\_\_\_\_



Please enter your e-mail address and password to login to the system.

FC 16.3

Variable	Mean	Std. Dev.	Minimum	Maximum
Age	34.50	10.50	18	65
Gender	1.50	.50	1	2
Marital Status	1.50	.50	1	2
Education	12.50	1.50	10	16
Income	3.50	1.50	1	6
Occupation	1.50	.50	1	2
Religion	1.50	.50	1	2
Political Party	1.50	.50	1	2
Health Status	1.50	.50	1	2
Life Satisfaction	4.50	1.50	1	7
Work Satisfaction	4.50	1.50	1	7
Family Satisfaction	4.50	1.50	1	7
Community Satisfaction	4.50	1.50	1	7
Overall Satisfaction	4.50	1.50	1	7



## Registered User Menu

Welcome Terry Schwarz

Thank you for visiting the MedData Services Manufacture Database.

Prescription Assistance Program Forms

Prescription Assistance Program Tracking System

FIG. 4



help using /search.htm

Search Manufacturer and Drug Database

\*\*\* NOTICE \*\*\*

Another Notice: MedData is required to sell manufacturers their entire file and download it from MedData.

**Search  
Manufacturers**

**Search Drugs  
for Manufacturer**

3M PHARMACEUTICALS  
A. H. ROBIN - AMERICAN HOME PRODUCTS  
ABBOTT LABORATORIES - OXYN ASSISTANCE  
ABBOTT LABORATORIES - NORMA  
ABBOTT LABS - PHARMACEUTICAL PRODUCTS

3MCP  
ABELOCET  
ACCOLATE  
ACUPHIL  
ACUTANE

FIG. 5



Help using AccuMap Reader

Search Manufacturer and Drug Database

NOTICE: AccuMap Reader. Version 4.0 is required to edit manufacturer data. Please see the user manual for more information.

Search  
Manufacturers

Search Drugs  
for Manufacturer

ABBOTT LABORATORIES-BRAIN ASSISTANCE	AMOP
ABBOTT LABORATORIES-NORMAR	ABELOCT
ABBOTT LABS-PHARMACEUTICAL PRODUCTS	ACCOLATE
ADAMS LAB	ACCUFIL
	ACCUFANE

Form  
APPLICATION

FIG. 6

FOOED T62070

Back | Reset | Refresh

Drug Manufacturer Search  
(Enter Drug Name or Manufacturer name)

3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	NORGESIC FORTE	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	THECLAM TABLETS	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	TAMBOCOR	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	ALI-CAD	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	NORFLEX	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	MINITRAN PATCHES	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	METROGEL-VAGINAL	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	MAXAIR BHAIEN	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	MAXAIR AUTOHALER	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	DISALCID	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	ALI-TAB	FORM
3M PHARMACEUTICALS	800-328-0255	WWW.MNH.COM/MARKET/HEALTHCAR	THECLAM SR	FORM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-0038	WWW.AHLABS.WYETH.COM	WYTEMER	FORM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-0038	WWW.AHLABS.WYETH.COM	INDERAL	FORM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-0038	WWW.AHLABS.WYETH.COM	ODANAZIME	FORM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-0038	WWW.AHLABS.WYETH.COM	DIMETAPP	FORM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-0038	WWW.AHLABS.WYETH.COM	CYCLOPASMOL	FORM
A. H. ROBBINS - AMERICAN HOME PRODUCTS	800-568-0038	WWW.AHLABS.WYETH.COM	CORDARONE	FORM

FIG. 7

Wash. Agric. Expt. Sta.  
Frontier Bldg., Pullman, IDA  
Boyle, R. C.  
Pullman, IDA

$T = 16.8$



# Prescription Assistance Program Tracking System



FIG. 9

FIG. 9

**Add Patient Information**

* Clinic Name:	My Clinic1	User: DATATEK
* Patient ID:		(* means required field)
* First Name:	M	
* Last Name:		
* Application Date:	(01/01/2000)	
* Doctors Name:		
Conf. Letter Date:	(01/01/2000)	
Special Instructions:		
RX Date:	(01/01/2000)	
RX #:		Refill #
* Drug Name:		Strength: (mg) Qty:
Directions:		Days Supply: Value:
		Expiration Date: Renewal Date:
* Manufacturer:		

09820791.033004  
FOOEE016/02860

R16.10

<u>Search by Patient Id</u>			
Patient Id	<input type="text"/>		
Start Date	<input type="text"/>	End Date	<input type="text"/>
	(01/01/2000)		(01/01/2000)
<input type="button" value="Print"/>	<input type="button" value="Clear"/>		

<u>Search by Patient Name</u>			
Last	<input type="text"/>	First	<input type="text"/>
		M	<input type="text"/>
Start Date	<input type="text"/>	End Date	<input type="text"/>
	(01/01/2000)		(01/01/2000)
<input type="button" value="Print"/>	<input type="button" value="Clear"/>		

### Get Patient Information

Client Name: **MY CLINIC 1**

Patient ID: 1234

First Name: TERRY F

Last Name: SCHWARTZ

Application Date: 2/14/00

Doctors name **RONALD RUPPERT**

Cont. Letter Date

### Special Instructions:

BN Date: 2/15/00 01/01/2000

ERK # 123456

Drug Name: ASPIRIN

### Directions

FILE # 123456

Strength 10

Days Supply: 30

Value: 15.00

**Expiration Date:**

FIG. 12

FORMED 7620250

**Generate a Totals Report For all Clinics**

Enter Beginning Date:	March	15	2000
Enter Ending Date:	March	15	2000

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**Generate a Totals Report For a Specific Patient**

Enter Beginning Date:	March	15	2000
Enter Ending Date:	March	15	2000
Enter Patient ID:			

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